

(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

OCT 3 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

11. Name of lobbyist's partnership		,	
	ional Association		
(Name of partnershi	p. firm or corporation)		
18 Centre Street	Concord	NH_	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 225-7170	<u>(603)</u> <u>226-0165</u>	e-mail_attys@bi	ancopa.com
(Telephone)	(Fax		
III. This statement covers: (Choos reportable expense transactions w	hich are not attributable	to any one client).	
	of Insurance and Fina		J
	Client as it appears on the Lo	obbyist Registration Form)	
<u>OR</u>			
All reportable transactions by the interlated to any particular client.	e lobbyist (including the lo	bbyist's family), or the lobbying	firm listed below which
V. Date of Report April 25, 26 Reports cover: activity from date of	18 [] registration to 3/31/18	July 25, 2018	
October 31. activity from 7/		January 30, 2019	18
V. There have been no fees receif this box is checked, complete just to Concord, NH 03301.	ived and no reportable his form and submit it to th	e transactions made since the se Secretary of State's Office, Sta	e last report. Graph of the
/I. Check if additional reports are			
If you have received fees or mac			
] If you have paid an honorarium expense Reimbursement	or reimbursed expenses, yo	ou must file Addendum B- Repo	ort of Honorariums or
If you, your firm, or your family	has made political contrib	utions, you must file Addendum	n C- Political Contributi
Sworn Statement/Affirmation by L have read RSA 15, RSA 15-B-RSA and complete to the best of my know	14-C and RSA 664 and h		
\///		October 31, 2	018
(Signature of lobbyist)		(Date))
James J. Bianco, Jr.			

PLEASE PRINT

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:	
Bianco Professional Association	
(Name of partnership, firm or corporation)	
III. Name of Client Coalition of Insurance and Financial Producers	Date 10/31/2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	t relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 8,420
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ 19,371 ear)
c) Total of all fees received to date (Add lines a and b)	c) \$ 27,791
 d) Indicate the amount of any such fees that are due, but have not yet been paid 	d) \$
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made be may be filed for the lobbyist(s)/firm e aggregate total of all expenses pai expenses; (b) the aggregate total of a le: meals purchased during a business ss than \$10 that is given to the perso ed with a value of \$25.00 or less); an orting period of greater than \$25.00 for ue of greater than \$25, purchase of er than \$25, but not greater than \$50, expense reimbursement, or political
 a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying. b) Total aggregate of expenditures during this reporting period, not reported 	a) \$ 6,315
in a), of \$25 or less.	b) \$ <u>0</u>
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ ⁰

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>6,315</u>
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ 19,531
f) Total of all expenses year to date	n \$ 25,846
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
	10/31/2018
(Signature of lobbyist)	(Date)
James J. Bianco, Jr.	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation:	Bianco Professional Association
Name of Client (leave blank if Statement is for the pa	artnership, firm, or corporation and not related to any
particular client): Coalition of Insurance and Fina	
Date of Report (check one):	
April 25, 2018 ☐ July 25, 2018 ☐ Octo	ber 31, 2018 ፟ January 30, 2019 ☐
I have read RSA 15, RSA 15-B, RSA 664, the States the following Addendums submitted with that States submitted):	ment of Income and Expenses described above, and ment (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information complete to the best of my knowledge and belief. (Signature of Lobbyist)	October 31, 2018 (Date)
Adam Schmidt	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporat	tion: Bianco Professional Association
Name of Client (leave blank if Statement is for t	he partnership, firm, or corporation and not related to any
particular client): Coalition of Insurance and	
Date of Report (check one):	
April 25, 2018 □ July 25, 2018 □	October 31, 2018 🛭 January 30, 2019 🗆
I have read RSA 15, RSA 15-B, RSA 664, the state following Addendums submitted with that submitted):	Statement of Income and Expenses described above, and Statement (insert the number of Addendum forms being
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information to the best of my knowledge and belief. (Signature of lobby st)	October 31, 2018 (Date)
Karen Soucy	
Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying par	tnership, firm, or corpo	oration: Bianco Profess	ional Association	
		· · · · · · · · · · · · · · · · · · ·	corporation and not related to a	– nv
		nd Financial Producers		,
Date of Report (check	one):			
April 25, 2018 □	July 25, 2018 🗆	October 31, 2018 🖎	January 30, 2019 □	
I have read RSA 15, R the following Addendo submitted):	SA 15-B, RSA 664, thus submitted with the	ne Statement of Income ar at Statement (insert the nu	nd Expenses described above, and umber of Addendum forms being	าd าg
Addendum A(s	s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affire complete to the best of	m that the foregoing int my knowledge and beli	formation on the Statemen lef.	it and each Addendum is true ar	ıd
(Signature of lobbyist)	y Fag	Octo	Ober 31, 2018 (Date)	
Kathy Corey Fox				
Print Name of Johnvist	\			